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## **Teacher Self-Efficacy: The Missing Piece to Trauma-Informed Classroom Interventions**

### **Abstract**

Once a child enters kindergarten they spend the majority of their waking hours in school. Therefore, school-based interventions that are trauma informed are crucial for promoting social-emotional learning and development. While there are some promising studies, professional development programs for educators have not systematically incorporated psychoeducation on childhood trauma and the impact it has on behavior and learning, or classroom-based strategies to enhance learning and development among children with a trauma history (McConnico, Boynton-Jarrett, Bailey, & Nandi, 2016). Furthermore, educators' perceptions on how comfortable they are dealing with the trauma of students has not been widely explored (Crosby, Day, Baroni, & Somers, 2015).

### **Keywords**

Education, Teacher Self-Efficacy, Trauma-Informed Practices

### **Cover Page Footnote**

Lancaster: Teacher Self-Efficacy

# Teacher Self-Efficacy: The Missing Piece to Trauma-Informed Classroom Interventions

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## Introduction

Exposure to trauma and the link to negative health outcomes has been well documented, due in part to the original Adverse Child Experiences (ACE) Study (Felitti, Anda, Nordenberg, Williamson, Spitz, & Edwards, et al., 1998). Childhood trauma, in particular, is a significant public health threat that can adversely impact social, emotional, and cognitive development (McConnico, Boynton-Jarrett, Bailey, & Nandi, 2016). Furthermore, exposure to adverse child experiences can contribute to academic inequities, also known as the achievement gap (McConnico et al., 2016).

What is more difficult to find in the literature is the self-efficacy educators have to help their students who have been impacted by trauma. Research about childhood trauma, in addition to studies about the self-efficacy of educator interventions for students impacted by trauma, are both important areas for further exploration. Ultimately research from both areas is important for the support and integration of trauma informed practices in the school setting.

Self-efficacy, as described by Bandura (1977), is an individual's belief in his or her capacity to execute behaviors necessary to affect performance attainments. Feeling confident and knowledgeable regarding trauma informed practices is critical to increasing performance attainments related to educator self-efficacy. Building teacher's sense of self-efficacy by helping them develop positive beliefs about their ability to effectively teach all students, is a necessary component of teacher education programs and teacher learning in the school context (Delale-O'Connor, Alvarez, Murray, & Milner, IV, 2017).

## Trauma Informed Models

Trauma Informed Elementary Schools (TIES) is a program designed to bring early intervention and trauma-informed services to children who display symptoms of chronic stress or trauma in the classroom setting (Rishel, Tabone, Hartnett, & Szafran, 2019). The first component of the TIES program is for all participating teachers and school personnel to be trained before the start of the school year. TIES training is aimed at helping teachers learn to manage their own reactions; create the sense of safety for children; and help children build skills they need to understand, manage, and express their own feelings. The TIES training includes an overview of the ACE study; an explanation of the ARC framework: attachment, self-regulation, and competency; examples of symptomology, trauma indicators, and intervention techniques that address traumatic triggering in children; and resiliency building. In addition, TIES training helps

prepare teachers to identify the characteristics of a child who is traumatically stressed. For example, if a teacher would observe, hypervigilance, withdrawing, or acting-out behavior, they could then refer to appropriate services.

Each school participating in the TIES program is assigned a resource liaison. The TIES liaison is a master's-level licensed therapist who is at the assigned school at least two days a week. In addition, the liaison serves as an on-call consultant for the TIES classroom teachers. The TIES liaison has multiple duties. These include observing the classroom and helping the teacher evaluate environmental issues that could trigger a trauma response; modeling caregiver management; developing common language of trauma informed practice for educators as well as parents; and providing parent or caregiver outreach. In addition to teacher training and classroom consultation, the TIES liaison provides family engagement and intervention. Outreach and training for other caregivers is provided throughout the year by hosting open houses, special parent-child events, and other school activities such as science fairs.

TIES was assessed using the Classroom Assessment Scoring System (CLASS). CLASS evaluates activity of the classroom over multiple domains, including: emotional support, classroom organization, and instructional support. Emotional support encapsulates positive and negative climates, teacher sensitivity, and regard for student perspectives. Classroom organization includes the following: behavior management, productivity, and instructional learning formats. Lastly, instructional support includes concept development, quality of feedback, and language modeling.

Classrooms receiving the TIES program showed significant improvement in comparison to classrooms in the two-factor mixed ANOVA models (Rishel et al., 2019). Classrooms that did not receive the TIES program actually showed a decline in the areas of emotional support and classroom organization (Rishel et al., 2019). Group differences between TIES and the comparison group in these domains were statistically significant (group x time = 16.63,  $p = .00$  for emotional support; group x time = 13.31,  $p = .00$  for classroom organization) (Rishel et al., 2019). There was no statistical significance between the TIES group and the comparison group regarding instructional support, both groups showed an overall increase from baseline to follow-up (Rishel et al., 2019).

A research study conducted by McConnico, Boynton-Jarrett, Bailey, and Nandi (2016), examined the Supportive Trauma Interventions for Educators (STRIVE) model. The STRIVE intervention consisted of the following components: (1) design and implement a training program intended for early childhood educators that provides psycho-education regarding the impact trauma has on young children and how to incorporate trauma-informed practices when addressing challenging and disruptive behaviors in the classroom; and (2) incorporating a curriculum that promotes increased self-esteem and efficacy among students in this setting (McConnico, et al., 2016).

Educators and administrators received 10 hours of training with the goal of building their capacity to foster resilience and address the unique needs of the students in their classrooms. Training workshops focused on (a) increasing educators understanding and awareness of reactions most commonly seen in children who have experienced traumatic events and (b)

providing them with an understanding of environmental cues that could lead to a traumatic response from a child (McConnico, et al., 2016). As part of the intervention, educators and administrators were provided ongoing consultation and coaching to help them with the trauma-informed practices and strategies they learned as part of their 10 hours of training. Coaching and consultation creates a supportive space to increase knowledge base, allow for reflection on their practice, and build skills throughout the learning process.

The STRIVE program was evaluated using both standardized and non-standardized measures and evaluations, both pre and post-intervention (McConnico, et al., 2016). Teacher questionnaires that were administered prior to training and at the end of the intervention assessed educator's perceptions of their own self-efficacy regarding managing challenging behavior in the classroom, identifying trauma, and responding to the needs of children with trauma (McConnico, et al.). Furthermore, the teacher questionnaire assessed personal perceptions of school-level efficacy (McConnico, et al., 2016).

Twelve educators across three grade levels, K-3, participated in the STRIVE intervention (McConnico, et al., 2016). There were approximately 250 students included across the three grade levels. Results from this study indicated that at baseline 56% of teachers felt they had a good idea of how trauma affects development compared to 80% at follow-up. At baseline, 75% of teachers in this study agreed/strongly agreed that they were aware of how trauma affects student behaviors, compared to 90% at follow up. Teachers also reported higher self-efficacy and confidence, at baseline only 44% felt prepared to help children who have been exposed to trauma compared to 60% at follow up. The implications of this study are promising, showing that trauma-informed approaches in the school setting are not only possible but they help promote teacher self-efficacy in responding to children exposed to trauma.

A study conducted by Stokes and Brunzell (2019) examined the experiences of a rural primary school that implemented a systematic process for professional learning in trauma-informed education over the course of one school year. Trauma-Informed Positive Education (TIPE) in the classroom is based on a three-tiered approach (Stokes & Brunzell, 2019). TIPE is a strengths-based approach that focuses on healing while providing opportunities for post-traumatic growth.

Tier 1 in the TIPE model focuses on self-regulatory abilities by helping the student to understand the effects of stress on their own brain and body, and then practicing proactive strategies to de-escalate. TIPE Tier 2 focuses on increasing relational capacities to assist teachers to help students form and maintain healthy classroom-based relationships. In the final tier, Tier 3, the aim was to increase psychological resources for student wellbeing. In this tier teachers were asked to focus on things such as stamina for learning, growth mindset, and resilient self-talk.

The data from this study included both quantitative and qualitative data. Quantitative data included: a pre-implementation survey completed by all students in grades five and six on their attitudes to school and a follow-up survey a year later, teacher judgement data on all students in years five and six for reading, writing, and numeracy before implementation and one year after, and student suspension data for the entire school before implementation and one year after. The qualitative data included pre-implementation interviews with school leadership, teachers and

students (grades five and six) and interviews with the same groups of people after one year of implementation.

The analysis of the students' attitudes to the school survey data showed an increase regarding feeling connected to school and confidence learning. This finding was further supported by overall school data that showed a decrease in suspensions over one year from 57 students down to 7 students (Stokes & Brunzell, 2019). Both students and teachers reported an improvement in the students' capacity to focus and pay attention to a reading task. They progressed from 36-seconds to 16- minutes and, ultimately, 20- minutes (Stokes & Brunzell, 2019). Results from this study also indicated that teachers began to understand what it meant to be trauma-aware in a school with children who were trauma-affected. In addition, collective teacher efficacy was developed at this school leading teachers to believe they could make a difference to the academic and well-being outcomes for their students (Stokes & Brunzell, 2019).

While each model examined was slightly different, each one utilized techniques that placed emphasis on the importance of creating a safe and calm space and building resiliency. The models also stressed the importance of relationship building with students. All of the aforementioned techniques are important in educating and helping students who have been impacted by trauma.

### **Conclusion**

There is an inability for students to enter the school building and “check” their personal lives at the door. Students come to school carrying the impact their trauma has on them. This has an effect not only on their own well-being, but has an influence on other students, faculty, and staff. Being well prepared to help individuals who have experienced trauma is critical for not only those impacted, but for everyone else around them. Educating all teachers before they begin their teaching career should be the norm rather than the exception. In addition to educating teachers before they begin their career, there is a need for ongoing professional development regarding trauma informed practices for all educators.

Educators do not always have the luxury of knowing the story of every student that walks into their classroom, which makes being trauma informed for the sake of all students invaluable. Furthermore, creating safe and supportive learning environments for all students reduces the stigma for children with a trauma history that may have associated behavioral challenges, and builds capacity for the social and emotional development of all students.

The research that does examine educator self-efficacy using trauma-informed models is promising. Future research should consider measuring educator's self-efficacy to deliver trauma informed practices, at baseline and post-intervention. Relevant interventions should include a variety of trauma informed education, as well as, concrete strategies aimed at increasing educator self-efficacy. Qualitative interviews could provide insight into what kind of training works best. Monitoring teacher self-efficacy in delivering these interventions is important, for the well-being of all educators and students. Teachers with high levels of self-efficacy build stronger relationships with students, allowing the creation of environments that are supportive, responsive, and empathetic (Zee & Koomen, 2016).

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